

SURVIVAL GUIDE FOR PGY2

Family medicine (Inpatient) Stephanie:

-Location: Meet in rounding room at 6:15-6:20am.

-Senior Job: As a senior you should be ready to field all calls when the intern needs help.

-Your job is patient care then training. That means you will be responsible for checking on every patient and be ready to present each one just in case.

-Be methodic in your approach. Build a checklist such as: vitals, labs, imaging, I's & O's, MAR, try to figure out what is going on and then read H&P to confirm your suspicion, read specialist notes and overnight changes. It is a great way to challenge yourself and learn.

-Orders: You will be responsible for all the orders. For your first rotation put all the orders in that way you learn how to. Second rotation: train interns how to put orders in. Third rotation: allow interns to place orders and you trust and verify every order.

-Call the A-team if you do not know how to place an order. Number is on the board.

-Radiology is helpful if you need a specific type of image order

-Pharmacy is your friend. Be nice and ask for help.

-Call File Room for IR procedures.

-References: No one expects you to have all the answers! When in doubt look it up on UpToDate, Open Evidence, Pocket Medicine, or Epocrates for example.

-Interns job:

- Interns' responsibilities are following but not limited to – always keep pager and team phone with you, return the page, when call back the page- put on speaker so that the senior can hear too.
- Interns' first job for the day is chart review of the pt you'll assign. Read any overnight changes, labs, specialty consults recs
- Go round on your pt, you can round by yourself or with your senior (ask your senior their preferences)

- Interns are expected to finish at least 3 progress notes by first few weeks of in-pt month, gradually increase to >4 and on your 3rd in-pt rotation- 6 notes (this expectation is verbalized from attendings, not from us (senior residents))
- On-call day, interns on the on-call team need to finish their daily progress note and any admission H&P for that day. Senior residents are not supposed to help with your progress note because they have to manage the orders but can if the intern needs help and appears overwhelmed.
- Interns are expected to write Discharge summaries of the pt that they followed during the hospital course.
- Discharge summaries don't have to be done the same day pt is discharge, can be done 24 hrs after dc only if a progress note is done for that day. Your main priority is finishing your progress note in a timely manner. (tip: Attendings prefer before 5pm)
- Discharge summaries can be divided between you and your co-intern. Senior residents will help write sometimes but that is not their main responsibility. Once done with your dc summary, upload to EPIC for hospital dc f/u once attending has signed the DC summary Keep a list of all DC'd patients with hospital f/up date and EPIC upload to ensure it is not forgotten.
- **Please see the progress note and DC summary template posted in the rounding room.**
- Medical students help with IPass but also browse over yourself to see if the necessary info is there before rounds.
- If an OB patient shows up in triage, she should be evaluated within 30 mins and should have a 1:1 resident assigned and call OB attending on call for report. If an OB pt is being admitted, notify the assigned PCP of the admission. There should be a 1:1 resident assigned to the patient until the assigned PCP or resident delivering arrives. If the in-patient team is capped and super busy, the assigned PCP should come in and manage the OB patient after admission. It is the internal arrangement of each OB color teams to let in-patient team know who will come in to take over care of their continuity OB if the assigned PCP is not available. If all of the member of the color teams are not available to manage and deliver their own continuity OB, then any of the in-patient team can deliver and will count as their continuity delivery. Call Dr Marquez for any questions.
- Students are there to learn but you shouldn't allow their presence impede your own learning, you have to be proficient in note writing and follow up before delegating those duties to the students, they could present cases. Students have a max of 2 notes a day and the distribution is to the discretion of the senior in charge of the day.

ORTHOPEDIC ROTATION - Leopoldo

-Schedule: Mondays to Fridays are with Dr. Gomez or Dr. Eagan. Be there at 8:00 am until 4:00 pm, 3551 Q Street Bakersfield, CA 93301

Fresh Fracture Clinic is everyday AM.

-What is the schedule like?

- Monday from 8:00 am to 4:00 pm with a break from 12:30 to 2:00pm.

- Tuesday from 8:00 am to 4:00 pm with a break from 12:30 to 2:00pm.

- Wednesday from 8:00 am to 12:00 pm then Didactic.

- Thursday East Niles Clinic AM/PM.

- Friday from 8:00 am to 4:00 pm, unless you have clinic.

If interested in Sports Medicine with Dr. Ussef, best time to shadow him is Friday at 3551 Q Street Bakersfield, CA 93301 from 8:00 am to 4:00 pm.

If interested in OR experience, you can ask the surgeon the day before surgery. Surgeries take place at KMH @ 1700 Mount Vernon Ave, Bakersfield, CA 93306. 2nd floor.

-Topic to review:

All musculoskeletal fractures (excluding spine)

Carpal tunnel syndrome

ACL tears

Complex periarticular fractures

Foot and ankle injuries and disorders

Fracture malunions and non-unions

Rotator cuff repair

Spinal fusion

Hand or wrist injuries or disorders

Joint pain

Joint replacement

Muscle, tendon, or joint disorders

Sprains

Trauma

Joint pain and disorders

Primary and revision joint replacement (hip, knee, shoulder)

Expertise in complex fractures and pelvic trauma

Fracture malunions and non-unions

Hand/wrist injuries and disorders

Trigger finger

Sports-related injuries

Chronic/overuse injuries

Primary and revision joint reconstruction of the knee, hip, and shoulder

-What should I expect? Lots of comprehensive learning. Get familiarized with Normal vs pathological X-Ray, joint injection, management of fresh fracture.

-Who are the other providers? Two PA during clinic. One is Monica (most experienced) and the other one.

OB/GYN at Kern Medical Rotation - Lovedip

Prior to your first day of OB go to the 4th floor A-Wing hallway at Kern Medical (where the call rooms are located). When you walk through the door, there will be a glass bulletin board to the right. There will be a list of your schedule. You can contact the chiefs to see what team you are on.

First day

If starting on OB Clinic: Outpatient

- Location: 1111 Columbus Street (Aka Sage Brush Clinic).
- On Cerner select the FMOB schedule: As a senior you see more patients.
- Present to OB attendings
- Gate code at Columbus Clinic #5734
- Columbus Clinic Building entry code: 6572

If starting on L&D Triage: location @ Kern Medical, Inpatient

- Sign out is at 7:00am, (be there at 6:55am dressed and ready to go, use scrub card, wear blue surgery scrubs)
- If you have any issues with scrub card, contact Kern Medical Residency Advisor Marina or Andrea For Clinic Scrubs or Professional Attire.
- Present to OB intern (typically)

Frequently asked questions:

- What is the rotation schedule?
 - Expect 14 days on, 2 days off
- What should I wear?
 - For Hospital: Blue surgical scrubs from machine on fourth floor. Any issues with scrub card contact Kern Medical Residency Advisor Marina or Andrea.
 - For Clinic: Scrubs or Professional Attire.
- What should I review before I start?
 - Review ALSO course material, Diabetes Management, OB Bible (the Redbook).

- Try to practice US w/ Dr. Marquez prior to starting in L&D triage
- See the Hospital US machine and become familiar with functions
- Contact I/T or A-Team to switch to “OB view” like the OB residents
- U/S’s: always ask the OB resident their comfort level and if okay to scan the patient
- What can I expect?
 - Be hard-working and respectful to the residents and they will respect you.
 - Expect long working hours inpatient and maybe no lunch break (have emergency food)
 - An OB chief will rotate every month
 - No Night shifts

Who are the Attendings?

- Dr. Loeb, Dr. Motiu, Dr. Lopez, Dr. Tabsh, Dr. Mrad, Dr. Fok, Dr. Garcia

Other

- Fridays: you will cover L&D and Post Partum alone with attendings (no OB residents until afternoon). Maybe PA/NP will join the team.
- Rotator Phone: “R0”- Many times you won't have a phone unless it is Friday, and you are covering with the OB senior and junior phones.
- Update white boards with on-call residents, attendings and phone #'s
- Contact the Coordinator, Carol Sue, if any questions
- OB Retreat: The admin chief will reach out to you based on your schedule and you will be paid depending on the rate of moonlighting in the OB department, you will not be paid if you already in the OB rotation that rotation.

Improving Outpatient Efficiency: - Ranbir

A Guide for Family Medicine Residents How to Safely See More Patients in Less Time

1. Mindset & Preparation

- View efficiency as eliminating waste, not rushing.
- Review your schedule daily to anticipate patient needs.
- Cluster similar visit types when possible.

2. Pre-Visit Planning (Pre-Charting)

- Pre-chart the night before or morning of clinic.
- Use templates for common complaints.
- Collaborate with support staff to flag needs ahead of time.

3. Optimize Rooming Workflow

- Standardize MA workflows: vitals, screening tools, med reconciliation.
- Teach staff to anticipate needs (vaccines, screens).
- Mix short and long appointments smartly.

4. Efficient Documentation

- Use smart phrases and visit templates.
- Dictate using voice tools when possible.
- Document during the visit to minimize after-hours charting.

5. Maximize Time in the Room

- Quickly set the agenda: "What's the one thing you want to cover today?"
- Use the "Golden Minute": let patients speak freely for 60 seconds.

- Prioritize 1-2 issues and schedule follow-up for others.

6. Time Management Techniques

- Aim for 10–15 min follow-ups; 20–30 min new/complex visits.
- Don't let one visit derail your schedule.
- Develop efficient scripts for common conditions.

7. Team-Based Care

- Delegate: MAs, RNs, social workers, pharmacists.
- Use standing orders to streamline routine care.
- Let support staff handle paperwork, lifestyle counseling, and screenings.

8. Use the EHR Efficiently

- Favorite common orders and meds.
- Use templates for after-visit summaries.
- Batch inbox checks at set times.

9. Efficient Visit Closure

- Set clear follow-up expectations: "Let's recheck in 4 weeks."
- Print or send after-visit summaries.
- Use portal/phone for simple follow-up.

10. Keep Quality and Safety First

- Don't cut corners: do it right the first time.
- Use checklists for chronic disease and preventive care.
- Defer appropriately: not everything must be handled today. *Tips for Success in Residency*
- Observe efficient attendings: copy what works.

- Practice concise communication.
- Ask MAs/nurses for feedback on flow.
- Self-audit your average visit length. Remember: Efficiency is a skill. With practice and the right systems, you can provide safe, high-quality care while managing a busy clinic. Prepared by: Ranbir Sandhu, MD

Research – David Song

- Each resident needs 25 research points in order to graduate. A quality improvement (QI) project is mandatory and counts for 10 points. “Completion of an IRB-approved well-conducted problem-based performance improvement or quality improvement project to improve patient safety, or information input, physical exam, compliance, understanding of their health concerns, or other issues related to optimal patient outcomes and staff performance”.
 - Publishing a case report, clinical review, or research project in a peer-reviewed journal 8 points (5 points without acceptance); Podium presentation at a conference 7 points; poster presentation at conference 6 points. Podcast 2 points.
 - KMC IRB requirement is on their website, under resources and library resources. The contact person is Mr. Kayvon Milani. -CITI Training Investigator’s - Assurance HIPAA Authorization (In-person, Telephonic, or Waiver) - Photo Consent (if applicable) - Bibliography - Excel Case Report Application
 - The Collaborative Institutional Training Initiative (CITI Program) certificate is required for doing research with KMC
 - CSV IRB contact person is Ms. Shantal Urrutia. She will provide the forms to fill out.
 - for peer-reviewed journals: Cureus.com and Consultant360 are relatively easier to publish. You may have to pay a fee for “preferred editing”.
 - Poster presentation: California academy of family physicians (CAFP) conference, deadline usually in late March of each year, e.g., March 25, 2025 of this year.
- UCLA Family medicine research day. Online submission. Abstracts/Case Reports were due by April 7, 2025
- Southern San Joaquin Valley Research Forum. Online submission. Abstracts were due by March 24, 2025
- FMX conference. American Academy of Family Physicians | AAFP Online submission. Abstracts were due by June 22, 2025
- Western Medical Research Conference: Online submission. Abstract Submission Deadline: Friday, September 19, 2025
- Some tips: start early, interesting cases, that provide a new angle of perspectives, get the patient signatures asap, find good partners

Cardiology – Keme

Location:

Outpatient 820 34th street Suite 204
9330 stockdale suite 400 Dr GF (some days)

Inpatient Kern Medical—Kern Medical 3rd floor IM Resident Research Room(code 2480)
Hallway door code 2200

Attendings:

Dr GhandForoush (630) 415-9857
Dr Joolhar +1 (818) 919-6150

Dr Abbas Ali

Schedule:

Monday, Wed, Friday (Afternoon EastNiles)

Other days / Time : Cardiology Clinic Vs Inpatient Check Attending's clinic days on CERNER.

Common Cases:

Heart Failure

CAD

Afib/ Aflutter

Uncontrolled HTN

Preop Risk stratification

Chest pain

Palpitation

Syncope

Create a cardiology list on Cerner for patient list.

You may have an IM resident +/- a med student.

Emergency Medicine

- Schedule: the ED Chief Resident will email you the schedule prior to the start of the rotation. Prior to start: Recommend Texting the ED Chief to introduce self, mention you're oncoming for next block, and kindly anticipate receiving your schedule soon. Include your preferred email. ED Chief Resident will then email you the schedule. Call IT at Kern Medical to set up "First Net ED view" on EMR
- What is the schedule like? Each shift is 8 hours long. The shifts are: 7am - 3pm, 3pm - 11pm, or 11pm - 7am. Sign out is at the start and end of every shift, 8hrs duration, stop taking new patients 1-2 hours prior to end of shift.
- Resources to Review: The "Rosh Review" of Emergency Medicine is called "Hippo". They are a plethora of resources listed on their website at: <https://www.hippoed.com/em/>
- What should I expect? Expect to mostly see patients in the ICC, with the option of seeing patients on the "big ED" side prn. Sign up for patients using their Cerner tracking system called First Net. You have the option of working up one patient and sign up for another in the interim to get the full ED experience.
- Who are the Attendings? (As of May 2020) Dr. Rosbrugh, Dr. Amin, Dr. Barkataki, Dr. O'Donnell, Dr. McPheters, Dr. Libev, and Dr. Quesada.
- OTHER
 - You can get what you want from the experience.
 - WikiEM is a good resource for quick ER management.
 - Attendings/residents can tailor your experience if you'd like to run codes, participate in traumas, procedures, etc.
 - Sign up for patients in the order they've arrived, unless there is an interesting case or peds patients you would like to see.

Family Medicine (Nights)

- What to expect from this rotation: Two-person team. Please defer to senior resident for organization. Attendings are available via phone. There will be an attending for the FM inpatient service, FM OB service and Peds service. Refer to your schedule on New Innovation and Tiger connect for which attending is on call. For peds, unless you are admitting a child to the FM service, all children are presented to the peds attendings.

- Attendings for FM inpatient service: The Core RBFMRP faculty,

Pediatrics : Dr Murughesan or Nandhagopal

FMOB : Dr Sudha Raganathan, Dr Verna Marquez , Dr Carol Stewart-Hayostek

- Where can I sleep: There are two family medicine call rooms. Both are on the 4th floor, A-Wing ◦ Pediatric call room is Room 4018 . The code is: 7800 ◦ The Family Medicine call room is Room 4010. The code is: 2017

- OTHER ◦ Update patient summary and I-PASS prior to sign-out in the AM. If there is no peds resident scheduled, text or call the peds attending for signout/updates.

